#### NOTICE OF INDEPENDENT REVIEW DECISION

March 19, 2003

RE: MDR Tracking #: M2-03-0420-01-SS

IRO Certificate #: IRO4326

organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above eferenced case to for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.	
has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties eferenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.	
The independent review was performed by a physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating	

physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was

### Clinical History

This patient sustained a work-related injury on \_\_\_\_ when she bent backwards and tripped on a cord. She fell and hit a steamer and then fell on a box and landed on her side. The patient complained of persistent low back pain. An MRI of the lumbar spine was performed on 04/16/02 that revealed a herniated nucleus pulposus (HNP) on the left with a small annular tear. An electromyograph (EMG) performed on 05/10/02, indicated left L5 and S1 radiculopathy. The treating physician has recommended that the patient undergo a lumbar laminectomy with discectomy and foraminotomy.

# Requested Service(s)

Lumbar laminectomy with discectomy and foraminotomy

performed without bias for or against any party to this case.

#### Decision

It is determined that the lumbar laminectomy with discectomy and foraminotomy is medically necessary to treat this patient's condition.

## Rationale/Basis for Decision

A patient with symptoms of lumbar radiculopathy, and MRI findings of L5-S1 HNP and EMG abnormality of greater than one year duration is unlikely to respond to non-surgical treatment. Epidural steroid injections are not likely to lead to lasting improvement of symptoms. Therefore, the lumbar laminectomy with discectomy and foraminotomy is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

#### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.** 

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 19<sup>th</sup> day of March 2003.